IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Oumar Nabe

Art Unit: 3693

Serial No.: 09/827,721

Examiner: Felten, Daniel S.

Filed: April 6, 2001

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For: METHODS AND SYSTEMS

FOR IDENTIFYING EARLY TERMINATING LOAN

CUSTOMERS

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is: Transmittal and Amendment (32 pages)

STATUS

2. Applicant claims small entity status. is other than a small entity.

EXTENSION OF TERM

3.	3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.										
	(complete (a) or (b), as applicable) (a) Applicant petitions for an extension of time under 37 C.F.R. 1.136 (Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)										
Ext	ension f	or response w	vithin:	Other than small entity Fee	Small entity Fee (if applicable)						
			first month	\$ 120.00	\$ 60.00						
		\boxtimes	second month	\$ 450.00	\$ 225.00						
			third month	\$ 1,020.00	\$ 510.00						
			fourth month	\$ 1,590.00	\$ 795.00						
fifth month				\$ 2,160.00	\$1,080.00						
				Fee Due	\$ 450.00						
If an additional extension of time is required, please consider this a petition therefor. (Check and complete the next item, if applicable) An extension of months has already been secured. The fee paid therefor \$ is deducted from the total fee due for the total months of extension now requested.											
Extension fee due with this request \$ 450.00											
	(b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.										

FEE FOR CLAIMS

4. 7	The fee	for cla	ims (37 (C.F.R. 1.16(b)-(d)) has b	een calculated as s	hown						
	(Col. 1)			(Col. 2)	(Col. 3)	SMALL ENTITY			HER THAN LL ENTITY				
	CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL. RATE FEE	OR	ADDITIONAL RATE FEE					
TOTAL			MINUS		=	x \$25.00 = \$		x \$50.00 = \$					
INDEP.	MINU		MINUS		=	x \$100.00 = \$		x \$200.0	0 = \$				
	FIRST	PRESEN'	TATION OF	MULTIPLE DEP. (CLAIM	+\$180.00 = \$		+ \$360.0	0= \$				
						TOTAL ADDITIONAL FEE \$	OR	TOTAL FEE	ADDITIONA \$				
	(a)	\boxtimes	No add	itional fee for	r Claims is	required							
OR													
	(b)		Total a	dditional fee	for claims	required \$							
				FEE]	PAYMEN'	Γ							
5.	Attached is a check in the sum of \$												
		Charge A dup	e Deposi licate of	t Account No this transmitt	o. 01-2384 al is attach	the sum of <u>\$450.00</u> ed.	<u>.</u>						
				FEE D	EFICIENC	CY							
6.	6. If any additional extension and/or fee is required, charge Deposit Account N 01-2384.												
	AND/OR												
	t Acco	ount No	0. 01-										
7.		Other:											
					Reg ARI One St. I	iel M. Fitzgerald . No. 38,880 MSTRONG TEASI Metropolitan Squa Louis, MO 63102 (621-5070	DALE	ELLP	0				